

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 13
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee AMHERST CITIZEN		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 04 / 2016</div> </div>	
Mailing Address 16 PINE ACRES RD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">364.50</div>	
City AMHERST	State NH	Zip Code 03031	Transaction ID : SE24.3979 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 01 / 2016</div> </div>
Purpose of Expenditure ADVERTISING - PRINT		Category/Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1115407.99</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee BEDFORD JOURNAL		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 04 / 2016</div> </div>	
Mailing Address 54 SCHOOL ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">192.75</div>	
City MILFORD	State NH	Zip Code 03055	Transaction ID : SE24.3970 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 01 / 2016</div> </div>
Purpose of Expenditure ADVERTISING - PRINT		Category/Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1115407.99</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">557.25</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher M. Marston

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee BERLIN DAILY SUN		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 164 MAIN ST #1		Amount 460.00
City BERLIN	State NH	Zip Code 03570
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3964 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CALEDONIAN RECORD		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. BOX 8		Amount 283.50
City ST. JOHNSBURY	State VT	Zip Code 05819
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3975 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	743.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee COLEBROOK CHRONICLE		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. BOX 263		Amount 251.00
City COLEBROOK	State NH	Zip Code 03576
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3974 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CONWAY DAILY SUN		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. BOX 1940		Amount 460.00
City NORTH CONWAY	State NH	Zip Code 03680
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3963 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	711.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee EAGLE TIMES		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. BOX 888		Amount 497.33
City CLAREMONT	State NH	Zip Code 03743
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3972 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee HOLLIS BROOKLINE JOURNAL		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 54 SCHOOL ST		Amount 138.00
City MILFORD	State NH	Zip Code 03055
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3969 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	635.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee HUDSON LITCHFIELD NEWS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 17 EXECUTIVE DR. STE 1		Amount 436.00
City HUDSON	State NH	Zip Code 03051
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3966 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee JOURNAL OPINION		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. BOX 378		Amount 245.00
City BRADFORD	State VT	Zip Code 05033
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3959 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	681.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee LACONIA CITIZEN		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 171 FAIR ST		Amount 384.30
City LACONIA	State NH	Zip Code 03246
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3973 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee LACONIA DAILY SUN		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 1127 UNION AVE #1		Amount 460.00
City LACONIA	State NH	Zip Code 03246
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3962 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	844.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee LEDGER TRANSCRIPT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. BOX 36		Amount 332.88
City PETERBOROUGH	State NH	Zip Code 03458
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3971 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee LITTLETON RECORD		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. BOX 8		Amount 270.60
City ST. JOHNSBURY	State VT	Zip Code 05819
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3976 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	603.48
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MERRIMACK JOURNAL		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 54 SCHOOL ST		Amount 192.75
City MILFORD	State NH	Zip Code 03055
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3968 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NEWS & SENTINEL		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 6 BRIDGE ST		Amount 242.50
City COLEBROOK	State NH	Zip Code 03576
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3960 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	435.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NORTH WOODS WEEKLY		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 6 BRIDGE ST		Amount 242.50
City COLEBROOK	State NH	Zip Code 03576
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3961 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee NUTFIELD PUBLISHING LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 2 LITTLEFIELD RD		Amount 496.53
City LONDONDERRY	State NH	Zip Code 03053
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3958 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	739.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee SALMON PRESS PAPERS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 5 WATER ST		Amount 3028.50
City MEREDITH	State NH	Zip Code 03253
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3980 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SEACOAST MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 111 NEW HAMPSHIRE AVE		Amount 1372.06
City PORTSMOUTH	State NH	Zip Code 03801
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3977 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4400.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address SPECTRUM MARKETING COMPANIES95 ED STE 101		Amount 500.00
City MANCHESTER	State NH	Zip Code 03102
Purpose of Expenditure ADVERTISING - PRINT DESIGN	Category/Type	Transaction ID : SE24.3957 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SUNCOOK VALLEY SUN		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 8 BROADWAY		Amount 286.60
City PITTSFIELD	State NH	Zip Code 03263
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3981 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	786.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher M. Marston

[Electronically Filed]

Date

MM / DD / YYYY
02 / 04 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee THE BRIDGE WEEKLY		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 50 SMITH ST		Amount 475.00
City WOODSVILLE	State NH	Zip Code 03785
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3978 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee THE CABINET		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 54 SCHOOL ST		Amount 467.77
City MILFORD	State NH	Zip Code 03055
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3967 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	942.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher M. Marston

[Electronically Filed]

Date

MM / DD / YYYY
02 / 04 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee WINDHAM INDEPENDENT NEWS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2016
Mailing Address 233 RANGE RD		Amount 199.00
City WINDHAM	State NH	Zip Code 03087
Purpose of Expenditure ADVERTISING - PRINT	Category/Type	Transaction ID : SE24.3965 Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1115407.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	199.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	12279.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher M. Marston

[Electronically Filed]

Date

MM / DD / YYYY
02 / 04 / 2016

Signature